

## Financial Planning Questionnaire

### General Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Spouse's Telephone: \_\_\_\_\_ Spouse's Email Address: \_\_\_\_\_

Spouse's Profession: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Children: Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Financial Priorities

What are your primary financial priorities? (please check all that apply):

Investment Review

Retirement Planning

Life Insurance

Investment Management

Tax Planning

Long-Term Care Insurance

Financial Organization

Estate Planning

College Savings

Other: \_\_\_\_\_

### Confidential Financial Information (Optional)

Household Annual Gross Income: \_\_\_\_\_ Retirement/Planned Retirement Date: \_\_\_\_\_

Current Assets (please check all that apply):

Retirement Accounts (401k/IRAs) ..... Approximate Value: \_\_\_\_\_

Mutual Funds or Brokerage Accounts ..... Approximate Value: \_\_\_\_\_

Annuities ..... Approximate Value: \_\_\_\_\_

529 College Accounts ..... Approximate Value: \_\_\_\_\_

Life Insurance ..... Approximate Value: \_\_\_\_\_

Other: \_\_\_\_\_ Approximate Value: \_\_\_\_\_